

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL041031</b>                    | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>10/28/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE NORTHWEST GREENSBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5809 OLD OAK RIDGE ROAD<br/>GREENSBORO, NC 27410</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG                                                                              | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| {C 000}                                                                   | Initial Comments<br><br>Report of a Follow Up Survey by Billy S. Bryant<br>conducted on 10/28/2016.<br><br>Deficiencies noted during the Biennial Survey on<br>09/07/2016 remain to be corrected.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | {C 000}                                                                                          |                                                                                                                          |                                                                    |
| {C 189}                                                                   | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(a) The building and all fire safety, electrical,<br>mechanical, and plumbing equipment in an adult<br>care home shall be maintained in a safe and<br>operating condition.<br>(k) This Rule shall apply to new and existing<br>facilities with the exception of Paragraph (e)<br>which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>2-Based on observation, the facility has not<br>maintained in a safe condition penetrations in the<br>one-hour roof/ceiling assembly. This could affect<br>all residents and staff if fire were not contained in<br>the room/space of origin.<br><br>Finding on 10/28/2016:<br>(a) The attic access panel has holes in it's<br>construction at the opening edges located outside<br>Room 19.<br><br>3- Based on observation there is a failure to<br>maintain the facility's fire safety systems in a safe<br>manner as evidenced by gaps and open<br>penetrations in the fire resistant rated ceilings.<br>Fire resistant rated ceilings must be free of gaps<br>and openings in order to resist the spread of fire<br>and smoke in the event of a fire. Penetrations or | {C 189}                                                                                          |                                                                                                                          |                                                                    |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

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| {C 189}                                                                   | Continued From page 1<br><br>holes in fire resistant rated ceilings could effect<br>the occupants of the facility by allowing fire and<br>smoke to spread beyond the area of origin.<br><br>Findings on 10/28/2016:<br>(a) Due to a new installation, there are two 2"<br>EMT ceiling penetrations in Mech Room B that<br>are not sealed with a fire resistant sealant. | {C 189}                                                                       |                                                                                                                          |  |                                                                    |